GUEST LOG FOR MEALS

For use of this form, see AR 40-330; the proponent agency is OTSG

DATE	NUMBER

HOSPITAL

MEAL

	NAME AND GRADE	MISCELLANEOUS DATA	BRANCH OF SERVICE (Specify Army, Navy, Air Force, Etc.)	CASH PAYMENT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

TYPED OR PRINTED NAME OF DINING HALL CASHIER

TOTAL CASH RECEIVED

SIGNATURE

DA FORM 3801, OCT 71   REPLACED DA FORM 8-198, 1 MAY 58, WHICH MAY BE USED   USAPPC V1.00